VIRGINIA HEALTH REFORM INITIATIVE

ADVISORY COUNCIL

SUMMARY OF DISCUSSION OF AUGUST 21 MEETING ON Technology

<u>Draft Charge to Technology Task Force</u>

In August, the Advisory Council established the following facts and shared judgments:

1. Information technology is a set of tools, not a solution in total. The point is to enable clinician-patient encounters to be informed by the combination of complete patient records as well as best practice information for each kind of patient and presentation.

2. Information tools need to be shared among patients, clinicians, and payers. Individual patient records, medical claims, and decision support tools based on aggregated data and research all have important roles to play in informing individuals, clinicians, payers and policy makers about choices they all have to make, some together, some in real time.

QUESTIONS the AC would like the Task Force to answer for the October meeting:

1. Compile a list of ongoing information technology activities, and make maps to illustrate how much of Virginia is participating in each specific initiative.

    a. Electronic medical records and information exchanges

        i.   Med VA, Care Spark, safety net medical home (Steve Horan), NOVA RIO

        ii. Strategy and plan from recent HIE grant the state won (Kim Barnes?)

    b. Integration of electronic records into an improved public health surveillance system (Karen Remley mentioned this in discussion period)

    c. All payer claims data base

        i.   What is the value added / is it worth applying for federal grant for this?

2. What information will be made available to consumers through the exchanges?

3. What about the poor business case for HIT adoption by small practices?

    a. Strategy and plan from recent Regional Extension Centers grant the state won (Kim Barnes?)